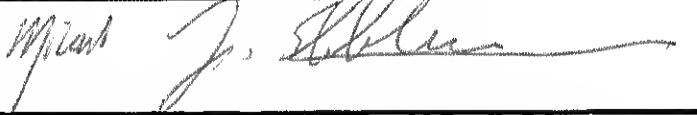
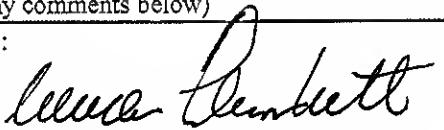


Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	6/11/18

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Callahan	Michael	J	Special Assistant for Advance	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: 	Date: 6/20/18			
Agency Ethics Official's Opinion - On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)				
Signature: 	Date: 6/20/18			
Other Review Conducted By:				
Signature:	Date:			
U.S. Office of Government Ethics Certification (if required):				
Signature:	Date:			
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
M Callahan	1

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Miami University	Oxford, Ohio	State University	Part-time Student Specialist in the Data Center	9/2017	4/2018
2.	Footsteps Dancewear	North Olmsted, Ohio	Retail Store	Part-time IT Consultant	3/2014	10/2017
3.	Progressive Insurance	Mayfield Village, Ohio	Insurance Company	IT Systems Engineer Intern	5/2016	8/2016
4.	Miami University	Oxford, Ohio	State University	Part-time Student Associate in the Data Center	2/2014	3/2016
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
M Callahan	2

Part 2: Filer's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Miami University			Hourly Wage	\$2,412
2.					
3.					
4.					
5.					
6.					
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
M Callahan			3	
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	None			
2.				
3.				
4.				
5.				
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12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number
M Callahan			4
Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year			
#	Source Name	City/State	Brief Description of Duties
1.	Progressive Insurance	Mayfield Village, Ohio	Summer Intern for the IT Networking Team and Mainframe Team
2.			
3.			
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
M Callahan				5	
Part 5: Spouse's Employment Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount
1.	None.				
2.					
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
M Callahan	6

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	None.				
2.					
3.					
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
M Callahan			7	
Part 7: Transactions				
#	Description	Type	Date	Amount
1.				
2.				
3.				
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
M Callahan						8
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None.					
2.						
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
M Callahan			9	
Part 9: Gifts and Travel Reimbursements				
#	Source Name	City/State	Brief Description	Value
1.				
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